so that not only the transformed organism will express the transgene that it might have acquired but it would also have to keep intact its normal activities of survival machinery that has evolved over a very long period.

Indian system of regulation is transparent in dealing with genetically modified organisms. All experiments are to pass through a three tier regulatory process where there is vigilance from the Government at each stage to keep a watch on what is being developed or used locally. The three tier system comprise creation of an Institutional Biosafety Committee at the Institute/Company where research work is carried out or where transgenic materials are developed; the Review Committee on Genetic Manipulation is a Central Committee housed at the Department of Biotechnology; while the Genetic Engineering Approval Committee which is the Statutory Body to deal with all aspects of genetically modified organisms and products thereof is in the Ministry of Environment & Forests. Wherever materials do not enter through the three tier system, the Environment (Protection) Act 1986 can act heavily on the offender as such acts are considered to be criminal in nature and they attract punitive actions.

**Prevalence of AIDS/HIV**

31.SHRI K.RAMA MOHANA RAO:
SHRI RAMA MUNI REDDY SIRIGIREDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that recently released report of U.N. puts India, besides Africa in the prevalence of AIDS/HIV;

(b) if so, the reasons therefor;

(c) the total number of people living in the country with HIV-AIDS, State-wise;

(d) the budget that Government have allocated for this deadly disease during the current year; and

(e) the programmes undertaken by the NACO for AIDS/HIV, patients?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (c)Yes, Sir.

As per the analysis of HIV Sentinel Surveillance data 2000, it is estimated

that there are 3.86 million HTV infections in the country and this number is next to South Africa. Where it is estimated to be 4 million HIV infections. However, the overall prevalence rate of HIV infection in India is much lower than South Africa and other neighbouring countries but due to large sized population the total number of infections is high. The state wise distribution of cummulaitive number of AIDS cases as on 31.10.2001 is given in the Statement *(See* below).

(d) Government has allocated Rs. 210 Crores for prevention and control of HTV/AIDS during the current financial year (2001-2002).

(e) In order to prevent and control HTV/AIDS, a comprehensive Programme is currently under implementation throughout the country as a centrally sponsored scheme.

The main components consist of:—

Reducing the spread of HIV in groups, at high risk by identification of target populations and providing peer counseling, condom promotion, and treatment of sexually transmitted infections.

Preventive intervention for the general population by Information, Education and Communication *QEC)* and awareness campaign, provision of voluntary testing and counseling safe blood transfusion services and prevention of occupational exposure.

Providing financial assistance for opportunistic infections, home and Community based care.

Strengthening effectiveness and technical, managerial, financial sustainability of the programme at National, State and Municipal levels.

Promoting collaboration amongst public, private and voluntary sectors.

**Statement**

*National AIDS Control Programme, India AIDS cases in India (Reported to NACO)*

(As on 31st October, 2001)

| SI. No. | State/UT | AIDS Cases |
|---|---|---|
| 1 | 2 | 3 |
| 1. | Andhra Pradesh | 1107 |
| 2. | Assam Arunachal | 125 |
| 3. | Pradesh | 0 |

| 1 | 2 | 3 |
|---|---|---|
| 4. | A&N Islands | 15 |
| 5. | Bihar | 82 |
| 6. | Chandigarh(UT) | 407 |
| 7. | Delhi | 624 |
| 8. | Daman & Diu | 1 |
| 9. | Dadra & Nagar Haveli | 0 |
| 10. | Goa | 56 |
| 11. | Gujarat | 1156 |
| 12. | Haryana | 189 |
| 13. | Himachal Pradesh | 91 |
| 14. | Jammu & Kashmir | 2 |
| 15. | Karnataka | 1174 |
| 16. | Kerala | 267 |
| 17. | Lakshadweep | 0 |
| 18. | Madhya Pradesh | 749 |
| 19. | Maharashtra | 6168 |
| 20. | Orissa | 82 |
| 21. | Nagaland | 199 |
| 22. | Manipur | 1010 |
| 23. | Mizoram | 20 |
| 24. | Meghalaya | 8 |
| 25. | Pondicherry | 141 |
| 26. | Punjab | 135 |
| 27. | Rajas than | 348 |
| 28. | Sikkim | 4 |

| 1 | 2 | 3 |
|---|---|---|
| 29. | Tamilnadu | 13553 |
| 30. | Tripura | 0 |
| 31. | Uttar Pradesh | 389 |
| 32. | West Bengal | 725 |
| 33. | A, bad Mun. Corp. | 180 |
| | | 29007 |

**Transfer/Posting of Doctors in CGHS Depots of ISM&H in Delhi**

32. SHRI W. ANGOU SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons for the transfer/posting of some doctors twice in the CGHS store depots of ISM&H in Delhi;

(b) whether these doctors have been given any special training to work in the store depots;

(c) whether there are no doctors capable to look after the store depots of ISM&H at present with the result, the doctors who have already completed their one normal tenure of stay are posted twice to work there to fulfil their vested interests; and

(d) by when Government will do justice to the doctors?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) The transfer/posting of doctors in CGHS Store Depot of ISM&H system are normally done in accordance with the existing transfer policy keeping in view exigencies of service in public interest. No doctor of Ayurvedic and Unani System has been posted twice in their respective stores. However Dr. Man Singh, CMO has been posted twice in the CGHS, Homoeopathic Store considering his suitability and experience in the Store.

(c) and (d) Though there is no special training given to the doctors before posting them to the Store Depot, but their seniority, experience, suitability, etc., is considered before posting them to the store. However, as doctors are